



VILLAGE OF COLD SPRING

85 MAIN STREET

COLD SPRING, NEW YORK 10516 ~ INCORPORATED APRIL 22, 1846

PHONE: (845) 265-3611 ~ FAX: (845) 265-1002

Application Form

Date: _____

Name of Organization: _____

Applicant (person responsible): _____

Residential Address: _____

Phone Number: _____

Date Requested: _____

Purpose of Event: _____

What Village property will be used? (Dock, Bandstand, McConville Park, Mayor's Park etc...)

Approximate number of people attending: _____

Will there be Games of Chance? If so, what type? _____

Will alcoholic beverages be sold? _____

Liability Insurance Name of Agent: _____

Name of Carrier: _____

If applicable:

License Number for Games of Chance: _____

License Number for Alcoholic Beverages: _____

VILLAGE PARKS ARE CARRY IN AND CARRY OUT. Please plan to remove your refuse after your event.

Approval:

Recreation Commission

Village Board